

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1						51				
2							52				
3							53				
4							54				
5							55				
6							56				
7							57				
8							58				
9							59				
10							60				
11							61				
12							62				
13							63				
14	1						64				
15		1					65				
16		1					66				
17		1					67				
18		X 2					68				
19		X 2					69				
20		X 2					70				
21		1 2					71				
22		1					72				
23		2					73				
24		2					74				
25		2					75				
26		2					76				
27	1						77				
28		1					78				
29	1						79				
30		1					80				
31		1					81				
32		1					82				
33	1						83				
34		1					84				
35		1					85				
36		1					86				
37		1					87				
38		1					88				
39	1						89				
40		1					90				
41		1					91				
42		1					92				
43		1					93				
44		1					94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	6						TOTAL IND.				
TOTAL DEP.	3138						TOTAL DEP.				
TOTAL CLAIMS	3144						TOTAL CLAIMS				